



Dart Aerospace Ltd.  
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SWA10A-1100  
Job Sheet 175020



Reprint

Part No: SWA10A-1100

Job Qty: 10 ea

DAS  
21  
9-89

Part Name: Upper DU Bearing



Part Weight: 0 lbs

Status: Scheduled

Priority: High

Job Created: 3/26/18

Job Tracking No:

Due Date: 9/7/18

Created By: Logan David

Type: SOLD

Description:

Note: DWG SWA10A-1100 Rev 1 IPP Rev A 18.01.25 New issue DP Verify DD

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty    | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off |
|-------|--------------------|--------|------------|----------|-----------|---------|-----------------------|-----------|----------|
|       |                    |        |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |          |
| 90    | Start up Operation | 10 Ea  | 9/7/18     | 9/7/18   | 0.00      | 0.00    | Start Up Machining-4  |           |          |
| 120   | Mori Seiki         | 10 pcs | 9/7/18     | 9/7/18   | 0.50      | 0.83    | MORI SL2500Y          |           |          |
| 130   | QC                 | 10 pcs | 9/7/18     | 9/7/18   | 0.00      | 0.00    | QC2 Machining-5       |           |          |
| 140   | QC                 | 10 pcs | 9/7/18     | 9/7/18   | 0.00      | 0.00    | QC8 Machining-5       |           |          |
| 150   | Packaging          | 10 pcs | 9/7/18     | 9/7/18   | 0.00      | 0.00    | Packaging3-2          |           |          |
| 160   | QC21-SA            | 10 Ea  | 9/7/18     | 9/7/18   | 0.00      | 0.00    | QC21                  |           |          |

Part Op 120 - 1-Machine as per folio FB786 FOLIO REV: AA DWG REV: 1 2-Deburr  
Descriptions: 150 - identify and Stock

### Job BOM

| Part / Item  | Component Name          | Quantity          | Operation             | Container |
|--------------|-------------------------|-------------------|-----------------------|-----------|
| MBRONZR2.250 | Bronze Round Bar 2.250" | .5000 ft (.05 ea) | 90-Start up Operation | 5082 441  |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | MBRONZR2.250   | 1        | 2         | 0         |

### Part Specifications

Specifications could not be found.



Container No: S116380



Part: SWA10A-1100

Job No: 175020

Serial No/Batch: S116380

Revision: 1

Inspector:

Exp Date:

Instructions:

Dart Aerospace Ltd.  
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Plex 8/14/18 1:12 PM Dart.lajeunesse.marie

Date: 10/06/18

# INSPECTION SHEET

| Rev | Date     | Change    | Revised by | Approved |
|-----|----------|-----------|------------|----------|
| A   | 14.07.31 | New Issue | KJ         |          |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

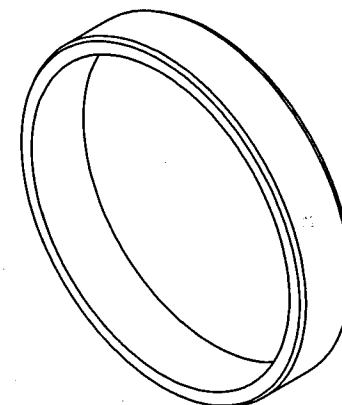
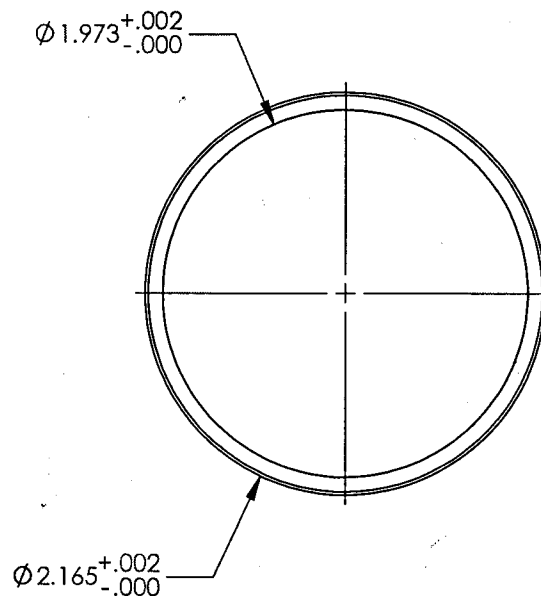
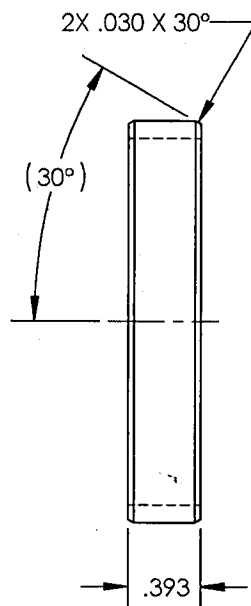
QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |                                                |                                               |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                                            |                                                |                                               |
| Date :                                                       | Step #:                                                                                                                                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            | MRB (QSI042) Approval                          |                                               |
| Description Work Order Deviation                             |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                |                                               |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            | Completed By                                   |                                               |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            | Lead hand / Supervisor Approval Verification   |                                               |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            | QC / QA Coordinator Approval                   |                                               |
| Root Cause                                                   |                                                                                                                                                                                    | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                            |                                                |                                               |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>                                                                                                                                        | Pressure/Forced <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>      | Positioned Wrong <input type="checkbox"/>     |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>                                                                                                                                                  | Bending <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>         | Outside Dimensions <input type="checkbox"/>   |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>                                                                                                                                              | Centre Not Concentric <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                 | Over/Under tolerance <input type="checkbox"/> |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>                                                                                                                                                  | Cracks <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                  | Part Incorrect <input type="checkbox"/>       |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>                                                                                                                                                  | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>    | Part Lost/Missing <input type="checkbox"/>    |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>                                                                                                                                           | Cuffs <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>       | Part Moved <input type="checkbox"/>           |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>                                                                                                                                          | Crushing <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>               | Drawing <input type="checkbox"/>              |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>                                                                                                                                                   | Heat Treat <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>            | Finish <input type="checkbox"/>               |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>                                                                                                                                       | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>          | Misread <input type="checkbox"/>              |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>                                                                                                                                       | Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/>     |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/>                                                                                                                                     | OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                |                                               |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |                                                |                                               |

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| REVISIONS |                   |            |         |          |
|-----------|-------------------|------------|---------|----------|
| REV       | DESCRIPTION       | DATE       | INITIAL | APPROVED |
| 1         | AS DRAWN BY CANAM | 11/13/2012 | JAG     |          |



1. BRONZE/OILITE TUBING, MIL-B-5687D GRADE 1 OR EQUIVALENT.

|                                                                                                                                                          |                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|  <b>RED BARN MACHINE</b>                                            |                                                                                               |
| <b>TITLE</b><br>UPPER DU BEARING                                                                                                                         |                                                                                               |
| DWG NO.<br>SWA10A-1100                                                                                                                                   | REV<br>1                                                                                      |
| MAT'L BRONZE/OILITE TUBING<br>UNLESS OTHERWISE SPECIFIED<br>DIMENSIONS ARE IN INCHES<br>.XXX ± .005 FRACTIONS ± 1/32<br>.XX ± .01 ANGLES ± 5°<br>.X ± .1 | DRAWN BY: CANAM<br>APPROVED <i>D Weid</i><br>HEAT<br>TREAT<br>FINISH<br>SPEC<br>USED ON MODEL |
| 1. BREAK ALL SHARP EDGES .015 x 45° OR .015R<br>2. DIMENSIONAL LIMITS APPLY AFTER PLATING                                                                |                                                                                               |
| SCALE 1:1                                                                                                                                                | DATE 2/25/2002                                                                                |
| SHEET 1 OF 1                                                                                                                                             |                                                                                               |

| ASSY QTY | ASSY QTY | B/O | Part #      | UNIT QTY | Description      | Material                      | B/O INFORMATION OR SPECIFICATIONS |
|----------|----------|-----|-------------|----------|------------------|-------------------------------|-----------------------------------|
|          |          |     | SWA10A-1100 | 1        | UPPER DU BEARING | BRONZE/OILITE TUBING (NOTE 1) |                                   |